

REQUEST FOR FAMILY OR MEDICAL LEAVE

Employee Notification

Request for Family or Medical Leave must be made in writing, if practical, at least 30 days prior to the date the requested leave is to begin.

Name Melissa Segura Date 6-10-14

School Riley Position Paraprofessional

I request a family or medical leave for one or more of the following reasons. I understand that a physician's certification and all required information must be submitted before this request is processed.

Because of the birth of my child, or because of the placement of a child with me for adoption or foster care.

In order to care for my spouse/child/parent who has a serious health condition.

For a serious health condition that makes me unable to perform my job. THIS CONDITION IS IS NOT WORK RELATED.

Requested intermittent or reduced leave scheduled _____

Leave to start 8/14/14 Expected return date 9/8/14

- I would like to use my sick/personal days
- I would not like to use my sick/personal days
- Original request for leave
- Request for extended leave

Employee Signature Melissa Segura Date 6/10/14

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 6/11/14

Superintendent Signature [Signature] Date _____

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 24

AUNT MARTHA'S HEALTH CARE
WOMEN'S HEALTH CENTER
233 W. JOE ORR ROAD
CHICAGO HEIGHTS, IL 60411
Telephone (708) 709-7470
Fax (708) 755-1358

DEA Reg. No. _____

Lic. No. _____

NAME Melissa Segura DOB 4/9/88

ADDRESS _____ DATE 6/10/14

R To Whom it may concern
Melissa Segura 4/9/88
will be on maternity leave
from 7/25/14 thru 9/8/14. If you
have any questions feel free to
call,

Refill - 0 - 1 - 2 - 3 - 4 - PRN

- May Substitute
- May Not Substitute

[Signature]
DR. **Richard L. Jones, M.D., F.A.C.O.G**
NPI# 1558552174

SECURITY FEATURES PRINTED ON BACK SIDE

HEAT SENSITIVE - COLOR FADES WITH HEAT